

ADMINISTRATIVE REMARKS
NAVPERS 1070/613
S/N 0106-LF-010-6991

COMMANDING OFFICER USS FORT MCHENRY (LSD 43) FPO 96685/1731

12 FEB 01: Awarded the Battle "E" Efficiency and Command Excellence award
for period 1 January - 31 December 2001. Authority: COMNAVSURFPAC
122032Z FEB 02.

(b)(6)

PERSONNEL OFFICER BYDIRCO



BATTLE E

MCNALLY, ELIZABETH L

(b)(6)

USN

OFFICIAL RECORD

[illegible]

MCNALLY, ELIZABETH L

(b)(6)

USNR

31.

5

[illegible]

NAME (Last, first, middle)

MCNALLY, ELIZABETH LAURA

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH / CLASS	
----------------	--

USNR-R

10 31

NAVPERS 1070/605 (Rev. 10-89)
TC SERV-REC SET 1
PMSA OVERPRINT

ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

Privacy Act Statement

AUTHORITY:

5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496 and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSES:

To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES:

This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE:

Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle)

MCNALLY ELIZABETH LAURA

2. SOCIAL SECURITY NUMBER (b)(6)

(b)(6)

3. HOME OF RECORD (Street, City, State, ZIP Code)

(b)(6)

(b)(6) AZ (b)(6)

4. PLACE OF ENLISTMENT / REENLISTMENT (Mil. Installation, City, State)

PHOENIX MEPS

PHOENIX, AZ 85004-2357

5. DATE OF ENLISTMENT/REENLISTMENT (YYMMDD)

990831

6. DATE OF BIRTH (YYMMDD)

(b)(6)

7. PREV MIL SVC UPON ENL / REENLIST

A. Total Active Military Service

B. Total Inactive Military Service

YEARS	MONTHS	DAYS

B. AGREEMENTS

8. I am enlisting / reenlisting in the United States (list branch of service) NAVAL RESERVE

_____ this date for _____ years and
00 weeks beginning in pay grade E-1. The additional details of my
enlistment/ reenlistment are in Section C and Annex(es) A.

a. FOR ENLISTMENT IN A DELAYED ENTRY ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) 0500 990909 for enlistment in the Regular component of the United States (list branch of service) NAVY for not less than 4 years and 00 weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.)

NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee / Reenlistee) ELM

(Continued on reverse side.)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

MCNALLY ELIZABETH LAURA

AL SECURITY NO OF ENLISTEE / REENLISTEE

(b)(6)

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) ☒ NONE (Initials of enlistee / reenlistee)

SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

990831

a. On behalf of the United States (list branch of service) NAVY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-6

d. UNIT / COMMAND NAME

NAVY RECRUITING DISTRICT

f. DATE SIGNED (YYMMDD)

990831

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

PHOENIX
AZ 85004

CONFIRMATION OF ENLISTMENT OR REENLISTMENT

EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, ELIZABETH LAURA MCNALLY, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this day of in the National Guard and as a Reserve of the United States (list branch of service) with membership in the National Guard of the United States for a period of years, months, days, under the conditions prescribed by law, unless sooner discharged by proper authority.

(b)(6)

b. DATE SIGNED (YYMMDD)

990831

18. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-2

d. UNIT / COMMAND NAME

PHOENIX MEPS

e. DATE SIGNED (YYMMDD)

990831

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

PHOENIX
AZ 85004-2357

Previous editions may be used.

(b)(6)

NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

SOCIAL SECURITY NO OF ENLISTEE / REENLISTEE

(b)(6)

MCNALLY ELIZABETH LAURA

F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM**20a.** I request to be discharged from the Delayed Entry / Enlistment Program (DEP) and enlisted in the RegularComponent of the United States (list branch of service) NAVY for a period of4 years and 00 weeks. No changes have been made to my enlistment options **OR**if changes were made they are recorded on Annex(es) NAwhich replace(s) Annex(es) NA

b. SIGNATURE OF DELAYED ENTRY / ENLISTMENT PROGRAM ENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

990909

TANCE BY SERVICE REPRESENTATIVE**21. SERVICE REPRESENTATIVE CERTIFICATION**

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the

Regular Component of the United States (list branch of service) NAVY in pay grade E-3

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

E-6

d. UNIT / COMMAND

NAVY RECRUITING DISTRICT

f. DATE SIGNED (YYMMDD)

990909

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

PHOENIX
AZ 85004**CONFIRMATION OF ENLISTMENT OR REENLISTMENT****MENT OF THE ARMED FORCES:**

I, ELIZABETH LAURA MCNALLY, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE / REENLISTEE

(b)(6)

c. DATE SIGNED (YYMMDD)

990909

sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

(b)(6)

c. PAY GRADE

O-1

d. UNIT / COMMAND NAME

PHOENIX MEPS

e. (b)(6)

f. DATE SIGNED (YYMMDD)

990909

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

PHOENIX
AZ 85004-2357

ENLISTMENT GUARANTEES

MCNALLY, ELIZABETH LAURA

(b)(6)

NAME (LAST, FIRST, MIDDLE, JR. ETC.) SSN

1. ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy I hereby acknowledge that:

a. I am enlisting into the U.S. Navy for an active duty period of Four (years) and, at the same time, I agree to extend my enlistment for 12 months to meet the obligations of the AIRCREW Program. I am enlisting with the following guarantees and understanding:

(1) Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8 series, option or options as indicated below:

Option (1) AIRCREW PROGRAM RESCUE SWIMMER SCHOOL GUARANTEE

Option (2) NA

Option (3) NA

Option (4) NA

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military physical, psychological and academic requirements of the options guaranteed in section 1a(1) and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will enroll me in the training specified above. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in 1a(1) above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- a. Reassignment to an "A" school for which I am qualified and a vacancy exists, or
- b. Navy apprentice training for which I am qualified and a vacancy exists.

4. If I am not enrolled in the training guarantee specified in section 1a(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose that guarantee and at the Navy's option remain subject to continued naval service. I also understand:

- a. If I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or an enlistment/reenlistment bonus, I may incur additional service as required by regulation.
- b. The Navy may, at its option, discharge me in accordance with law and regulation.

5. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement of Understandings required for Option(s) 1a(1). I understand the obligation for the Options and training that I will receive (b)(6) (applicants initials)

(b)(6)

(b)(6)

ENLISTMENT CLASSIFIER BINDER CO 31AUG99
Signature of Enlisting Officer)/Date
NAVCORE IT 1133/52 (Rev. 10-94)

1AUG99
(Signature of Enlistee)/Date
Annex A to DD Form 4 dated 31AUG99

AGREEMENT TO EXTEND ENLISTMENT

NAME: ELIZABETH LAURA MCNALLY

SSN: (b)(6)

BR/CL: USN

Having enlisted in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE on 09/09/1999 for 4 years, I do voluntarily agree to (further) extend my enlistment for 13 months (REASON: SCHOOL OTHER X) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 10/08/2004. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

TO ACCEPT BUPERS ORDERS 1323.

I UNDERSTAND THAT THIS EXTENSION BECOMES BINDING UPON EXECUTION AND MAY NOT THEREAFTER BE CANCELLED EXCEPT AS PROVIDED IN MILPERSMAN 1160-040.

THIS IS MY FIRST EXTENSION.

UIC: 21400

STATUS: ACTIVE X INACTIVE

RATE: YNSN

COMBAT ZONE:

PEBD: 09/09/1999

TOTAL AGGREGATE MOS: 13

SHIP OR STATION: LSD 43 FORT MCHENRY

LOCATION OF SHIP OR STATION: USS FORT MCHENRY (LSD-43)

(b)(6)

**** SIGNATURE OF MEMBER: _____

Witnessed and accepted on behalf of the United States Navy
this 1st day of September 2004

(b)(6)

**** SIGNATURE

AND GRADE: _____

TITLE: _____

PERSOFF BY DIRCO

Certifying Officer Name and Rank

Extension of Enlistment Operative/Cancelled

The extension identified hereon for _____ months (REASON: SCHOOL OTHER) is Operative () Cancelled () effective .

AUTHORITY: _____

**** SIGNATURE

AND GRADE: _____

Certifying Officer Name and Rank

NAME: MCMALLY, ELIZABETH L

SN: (b)(6)

BR/CL: _____

Having enlisted in the UNITED STATES NAVY/NAVAL RESERVE on 970909 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months (REASON: SCHOOL ~~80~~ OTHER _____) subject to the provisions and obligations of enlistment contract. I acknowledge that the provisions of 50 USC 5540 relating to increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 040908. This agreement has been fully explained to me and I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated.

"TRAINING FIVE-YEAR OBLIGATOR PROGRAM FOR RATING PER CURRENT DIRECTIVES. I UNDERSTAND THAT THIS AGREEMENT BECOMES BINDING UPON EXECUTION AND MAY NOT BE CANCELLED EXCEPT AS SET FORTH IN MILPERSMAN 1050150.

THIS IS MY FIRST ENLISTMENT. TOTAL AGGREGATE OF EXTENSION: 12 MONTHS.

UIC: 62410 STATUS: ACTIVE INACTIVE RATE: AR

COMBAT ZONE: _____ PEBD: 990909 TOTAL AGGREGATE MOS: _____

SHIP OR STATION: NRD PHOENIX, AZ

LOCATION OF SHIP OR STATION: NRD PHOENIX, AZ

SIGNATURE
**** OF MEMBER

Witnessed and
on behalf of the UNITED STATES NAVY
this 9 day of SEPT, A.D. 1999

**** SIGNATURE
AND GRADE:

(CERTIFYING OFFICER NAME AND RANK)

TITLE: _____

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR _____ MONTHS, IS CANCELLED EFFECTIVE _____
AUTHORITY: _____

*** SIGNATURE
AND GRADE:

(CERTIFYING OFFICER NAME AND RANK)

AGREEMENT TO EXTEND ENLISTMENT

NAME: MCNALLY, ELIZABETH LAURA SSN: (b)(6) BR/CL: USNR

Having enlisted in the UNITED STATES NAVY X NAVAL RESERVE on 08/31/1999 for 8 years, I do voluntarily agree to (further) extend my enlistment for 24 months (REASON: SCHOOL OTHER X) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 08/30/2009. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

BENEFITS OF RATE

UIC: 09061 STATUS: ACTIVE INACTIVE X RATE: Y3

COMBAT ZONE: PEBD: 9/9/1999 TOTAL AGGREGATE MOS: 24

SHIP OR STATION: HC 85

LOCATION OF SHIP OR STATION: HSC 85

**** SIGNATURE OF MEMBER:

Witnessed and accepted on behalf of the United States Navy
this 6th day of September, A.D. 2007

**** SIGNATURE
AND GRADE

TITLE: MANPOWER LPO

Extension of Enlistment Operative/Cancelled

The extension identified hereon for months (REASON: SCHOOL OTHER) is Operative () Cancelled () effective .

AUTHORITY:

**** SIGNATURE
AND GRADE

Certifying Officer Name and Rank

IMMEDIATE REENLISTMENT CONTRACT

NAME: ELIZABETH LAURA MCNALLY

SSN: (b)(6)

BR/CL: USN

FIRST: I am reenlisting in the ☒ UNITED STATES NAVY ☐ NAVAL RESERVE for 2 years from 09/09/2003 unless sooner discharged by proper authority. My new contract expiration date is 09/08/2005.

SECOND: I have read and understand the following SECTION OF TITLE 10 OF THE UNITED STATES CODE:

SECTION 5540 OF TITLE 10 OF THE UNITED STATES CODE; "(a) The senior officer present afloat in foreign waters shall send to the United States by Government or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section: (1) shall be discharged not later than 30 days his arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service."

THIRD: I understand that I may be extended on, or ordered to active duty for the duration of any war or national emergency declared by Congress, and for six months thereafter, and that my agreed period of active service may be extended as otherwise authorized by law.

FOURTH: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated:

BENEFITS OF RATE.

UIC: 21400 STATUS: ACTIVE X INACTIVE RADO MONTHS/DAYS 000 / 000 DOB: (b)(6)
PLACE OF REENLISTMENT: USS FORT MCHENRY (LSD43) HOME OF RECORD: (b)(6) AZ
CITIZENSHIP: (b)(6) CITIZEN COUNTRY RATE: YNSN DATE OF PAYGRADE: 09/09/1999
ADSD: 09/09/1999 PEBD: 09/09/1999 DATE LAST DISCHARGE: 09/08/2003 LSL SELLEACK: (b)(6)

TOTAL ACTIVE SERVICE: 04 / 00 / 00 YEARS/MONTHS/DAYS TOTAL PRIOR INACTIVE SERVICE: 00 / 00 / 09 YEARS/MONTHS/DAYS

"OATH OF ENLISTMENT": "I, ELIZABETH LAURA MCNALLY, do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulation and the Uniform Code of Military Justice. So help me God. I swear (or affirm) that I am fully aware and fully understand the conditions under which I am enlisting."

**** SIGNATURE OF REENLIST

Subscribed and sworn before me on this

SIGNATURE
AND GRADE

Reenlisting Officer Name and Rank

OFFICIAL TITLE:

REENLISTING OFFICER

IMMEDIATE REENLISTMENT CONTRACT

NAME: MCNALLY, ELIZABETH LAURA

SSN: (b)(6)

BR/CL: USNR

FIRST: I am reenlisting in the UNITED STATES NAVAL RESERVE for 2 years from 08/02/2009 unless sooner discharged by proper authority. My new contract expiration date is 08/01/2011.

SECOND: I have read and understand the following SECTION OF TITLE 10 OF THE UNITED STATES CODE:

SECTION 5540 OF TITLE 10 OF THE UNITED STATES CODE; "(a) The senior officer present afloat in foreign waters shall send to the United States by Government or other transportation as soon as possible each enlisted member of the naval service who is serving on a naval vessel, whose term of enlistment has expired, and who desires to return to the United States. However, when the senior officer present afloat considers it essential to the public interest, he may retain such a member on active duty until the vessel returns to the United States. (b) Each member retained under this section: (1) shall be discharged not later than 30 days after arrival in the United States; and (2) except in time of war is entitled to an increase in basic pay of 25 percent. (c) The substance of this section shall be included in the enlistment contract of each person enlisting in the naval service."

THIRD: I understand that I may be extended on, or ordered to active duty for the duration of any war or national emergency declared by Congress, and for six months thereafter, and that my agreed period of active service may be extended as otherwise authorized by law.

FOURTH: I have had this contract fully explained to me, I understand it, and certify that no promise of any kind has been made to me concerning assignment to duty, geographical area, schooling, special programs, assignment of government quarters, or transportation of dependents except as indicated:

BOR

"I agree to remain a member of the Ready Reserve during the period of this enlistment and extension unless relieved earlier by proper authority. I understand the provisions of this agreement and I acknowledge that no promises of any kind, except as noted above, have been made to me."

UIC: 85788 STATUS: ACTIVE INACTIVE ☒ RADO MONTHS/DAYS: 000 / 000 DOB: (b)(6)
PLACE OF REENLISTMENT: NOSC NORTH ISLAND HOME OF RECORD: , AZ
CITIZENSHIP: (b)(6) CITIZEN COUNTRY: RATE: YN2 DATE OF PAYGRADE: 09/16/2008
ADSD: PEBD: 09/09/1999 DATE LAST DISCHARGE: 08/01/2009 LSL SELLBACK: (b)(6)
TOTAL ACTIVE SERVICE: 00 / 00 / 00 TOTAL PRIOR INACTIVE SERVICE: 03 / 10 / 23
YEARS/MONTHS/DAYS YEARS/MONTHS/DAYS

OATH OF ENLISTMENT: "I, ELIZABETH LAURA MCNALLY, do solemnly swear (or affirm) that I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same, and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulation and the Uniform Code of Military Justice. To help me (God, I swear (or affirm) that I am fully aware and fully understand the conditions under which I am enlisting."

**** SIGNATURE OF REENLISTEE

Subscribed and sworn before (b)(6)

SIGNATURE
AND GRADE

Reenlisting Officer Name and Rank

COMMANDING OFFICER

AGREEMENT TO EXTEND ENLISTMENT

NAME: MCNALLY, ELIZABETH LAURA

SSN

(b)(6)

BR/CL: USNR

Having enlisted in the UNITED STATES NAVY ☒ NAVAL RESERVE on 08/02/2009 for 2 years, I do voluntarily agree to (further) extend my enlistment for 24 months (REASON: SCHOOL ☐ OTHER ☒) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 08/01/2013. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totaling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

MBR- DIVING SCHOOL

UIC: 85788

STATUS: ACTIVE

INACTIVE ☒

RATE: Y-2

COMBAT ZONE:

PEBD: 9/9/1999

TOTAL AGGREGATE MOS: 24

SHIP OR STATION: NR DEEP SUBMERGENCE DET

LOCATION OF SHIP OR STATION: NOSC NORTH ISLAND

(b)(6)

****SIGNATURE OF MEMBER

Witnessed and accepted on
this 25th day of May, A.D. 2011

(b)(6)

****SIGNATURE
AND GRADE

TITLE: RESERVE SERVICES LPO

Extension of Enlistment Operative/Cancelled

The extension identified hereon for months (REASON: SCHOOL ☐ OTHER ☐) is Operative () Cancelled () effective .

AUTHORITY

****SIGNATURE
AND GRADE:

Certifying Officer Name and Rank

ENLISTED QUALIFICATIONS HISTORY												
1. EDUCATIONAL EXPERIENCE LEVEL												
GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION							
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17		
2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS												
TEST FORM ID		DATE ADMIN.		(b)(6)								
21A		990720		(b)(6)								
ASVAB ADMINISTERED BY: PHOENIX AZ MEPS												
SPECIAL TEST SCORES												
NAME			FORM		DATE		SCORE					
DLAB												
NFQT			(b)(6)									
CLASSIFIER'S SIGNATURE			USM									
3. TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES												
NUMBER/TITLE OF COURSE OR TEST		SCHOOL		DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST		SCHOOL	DATE COMPLETED	GRADE	INIT
4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED												
DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION				DURATION	LOCATION			INIT			
99/11/9	RECRUIT TRAINING (BMT)				8 WEEKS	RTC GREAT LAKES IL			6			
Name (Last, first, middle initial)					SOCIAL SECURITY NUMBER			BRANCH/CLASS				
(b)(6)					(b)(6)			11				
KENNALLY, ELIZABETH												

1

Elizabeth

36

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES									
COURSE TITLE/SCHOOL AW A SCHOOL C210-2010 PNCLA FL			NEC N/A	DATE ENROLLED/COMPLETED 000522	COURSE TITLE/SCHOOL			NEC	DATE ENROLLED/COMPLETED
COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input checked="" type="checkbox"/> DROPPED		INIT AQ	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT
COURSE TITLE/SCHOOL NACCS Q-050-1500			NEC 8201	DATE ENROLLED/COMPLETED 091122/000217	COURSE TITLE/SCHOOL			NEC	DATE ENROLLED/COMPLETED
COURSE LENGTH 4WKS	GRADE (b)(6)	MANNER OF COMPLETION <input checked="" type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT AQ	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT					
DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER		DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	

7. NAVY ENLISTED CLASSIFICATION				8. PERSONNEL ADVANCEMENT REQUIREMENTS		
PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT
9720	0000	090909	AH			

9. ENLISTED RATE/RATING				10. DESIGNATOR RECORD			
RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
AN	090909	990901	W				
YNSN	99SEP09	99SEP01	MT				

Name (last, first, middle)		SOCIAL SECURITY NUMBER (b)(6)	BRANCH/CLASS
----------------------------	--	----------------------------------	--------------

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES										
COURSE TITLE/SCHOOL			NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL			NEC	DATE ENROLLED/COMPLETED
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT		COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT
		<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED						<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		
COURSE TITLE/SCHOOL			NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL			NEC	DATE ENROLLED/COMPLETED
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT		COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT
		<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED						<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT							
DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER		DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER		DATE COMPLETED	INIT

7. NAVY ENLISTED CLASSIFICATION				8. PERSONNEL ADVANCEMENT REQUIREMENTS		
PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT

9. ENLISTED RATE/RATING				10. DESIGNATOR RECORD			
RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
YNSN-YN3	04FEB16	04JAN01	WAP				

NAME (LAST, FIRST, MIDDLE INITIAL)				SOCIAL SECURITY NUMBER		BRANCH/CLASS	
MCNALLY, ELIZABETH L				(b)(6)		USNR	

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAM		PRESENT LEVEL OF EDUCATION					
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EL	VE

ASVAB ADMINISTERED BY:

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE
DLAB			
NFQT			

CLASSIFIER'S SIGNATURE:

3. RECORD OF OFF-DUTY EDUCATION/VOC/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
03NOV06	PREVENT	3 DAYS	DAPMA SAN DIEGO CA	SSA SVP

NAME (LAST, FIRST, MIDDLE INITI)
MCNALLY, ELIZABETH L

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH/CLASS

USN

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES

COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT
		<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		PMT			<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED		COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	
COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION		INIT
		<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED					<input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT

DESCRIPTION OF COURSE, RATE OF NAVPERS NUMBER	DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OF NAVPERS NUMBER	DATE COMPLETED	INIT

7. NAVY ENLISTED CLASSIFICATIONS

PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT

8. PERSONNEL ADVANCEMENT REQUIREMENTS

PRIMARY CODE	SECONDARY CODE	DATE	INIT	DESCRIPTION	DATE COMPLETED	INIT

9. ENLISTED RATE/RATING

RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
				03JUN12	ESWS	QUAL	SSP

10. DESIGNATOR RECORD

RATE	DATE	TIME IN RATE	INIT	DATE	DESIGNATOR	QUAL/REVOCATION	INIT
				03JUN12	ESWS	QUAL	SSP

NAME (LAST, FIRST, MIDDLE INIT)
MCNALLY, ELIZABETH L

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH/CLASS

USN

[illegible]

USN

12. PERSONNEL QUALIFICATION STANDARDS (PQS)

PQS TITLE	PQS STATION #	DATE
Damage Control	43119-G	
DAMAGE CONTROL COMMUNICATIONS	301	04 Nov 00
BASIC FIRST AID	302	04 Nov 00
BASIC DAMAGE CONTROL	303	04 Nov 00
BASIC FIRE FIGHTING	304	04 Nov 00
FIRE WATCH	305	04 Nov 00
BASIC CHEMICAL, BIOLOGICAL, AND RADIOLOGICAL (CBR) DEFENSE	306	04 Nov 00
Ship Control and Navigation	43492-2C	
SOUND POWERED TELEPHONE TALKER	301	04 Nov 00
Semi-Annual Requal Requirements	52005	
EEBD TRAINING	302	20 Oct 00
EMERGENCY EGRESS TRAINING	303	20 Oct 00

*****No further entries are authorized*****

I certify the above entries are true and correct as of 07 Nov 00

NAME (Last, First, Middle)

MCNALLY, ELIZABETH LAURA

SOCIAL SECURITY NUMBER

(b)(6)

BRANCH AND CLASS

USN